

# TRANSMITTAL FORM

Application Number	10/014,919
Filing Date	12/11/2001
First Named Inventor	Baker, Andrew B.
Group Art Unit	3693
Examiner Name	Greimel, Jocelyn
Attorney Docket No.	OTS-001 (formerly 18922-05648)
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form  <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official <input type="checkbox"/> Draftsperson including Drawings [Total Sheets ____]  <input type="checkbox"/> Petition for Extension of Time  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Replacement Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers with Appendix A)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction  <input type="checkbox"/> Certificate of Correction  <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)  <input type="checkbox"/> Status Inquiry  <input type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
--	--	---

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110-2600  
 Tel. No.: (617) 526-9600  
 Fax No.: (617) 526-9899

## SIGNATURE BLOCK

Respectfully submitted,  
  
 Date: September 18, 2008 /s/ Joseph A. Capraro, Jr./  
 Reg. No.: 36,471 Joseph A. Capraro, Jr.  
 Tel. No.: (617) 526-9800 Attorney for the Applicants  
 Fax No.: (617) 526-9899 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110-2600